

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/02/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/06/2006						
		FINANCIAL PAYER: NCDH						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	191	49	CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME				
		8537	36	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	119	12186	12067
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	915	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	108	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1037	1249	211
		8518	8	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	108	CLIENT NOT ELTIGIBLE ON SERVICE DATE				
		8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	215	2679	2464
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404913	MECKLENBURG COM ENTAL HEALT	11	437	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	67	585	988	403
		8933	40	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BERA VIOBAL HEAL	11	156	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	159	170	11
3404917	CENTERPOINT HUM AN SERVICES	11	658	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	863	1524	661
		8518	61	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	35	DUPLICATE OF CLAIM-SYSTEM	37	245	3096	2851
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D.	8505	3890	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	524	CLIENT NOT ELIGIBLE ON SERVICE DATE	224	5011	10746	5735
		8599	186	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	3739	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	4322	7034	2712
		8505	137	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404922	THE DURHAM CENT ER	21	3917	DUPLICATE OF CLAIM-SYSTEM				
		27	3250	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	15	13674	26402	12728
		8329	2783	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	754	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	188	DUPLICATE OF CLAIM-SYSTEM	0	1580	5659	4079
		8599	170	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	655	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	554	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	47	2689	6993	4304
		79	395	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPR AND SPECIALTY IN				
3404926	SOUTHEASTERN RE G MENTAL HL	11	1828	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	45	2065	3295	1230
		5404	46	SEVERE DUPLICATE: SAME ATTD PR GV/PCODE/TOS/DOS/MOD				

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3404927	CUMBERLAND CO M HC	8505	842	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	77	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	976	2044	1068
		23	19	SERVICE REQUIRES PRIOR APPROVA L				
3404929	LEE HARNETT MH/ DO/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		10	4	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	16	27	11
3404931	WAKE CO HUM SVC BILLING OF	8518	851	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	141	1465	18729	17264
		21	118	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R. FOR MH/DD	8621	69	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	1	149	2853	2704
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	219	1783	1564
		8534	24	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	38	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8537	12	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	49	76	3712	3636
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404937	EDGEcombe NASH MNTL HLTH C	79	123	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	28	DUPLICATE OF CLAIM-SYSTEM	4	166	4078	3912
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VOFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	11	55	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	94	1880	1786
		191	9	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	23	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	2	130	724	594
		191	19	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	21	DUPLICATE OF CLAIM-SYSTEM				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	4	30	591	561
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBERMARLE MENTA L HEALTH CE	79	66	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	55	250	1775	1525
		8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404944	EASTPOINTE HUMA N SERVICES	11	1164	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1172	1179	7
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL REALT	11	2040	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	2040	2040	0

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL HEALTH CTR	79	416	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		191	381	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	105	1303	2382	1079
		11	191	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	194	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	1	227	608	381
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				